

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Dr. Lawrence R. Wechsler**

Mailing Address Department of Neurology

3471 Fifth Avenue, 802 Kaufmann

City

Pittsburgh

State

PA

Zip Code

15213-3232

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UPMC

Occupation

Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2015

**Transaction ID : 38107529**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Dr. Nassim Zecavati**

Mailing Address 1920 N Dinwiddie St

City

Arlington

State

VA

Zip Code

22207-1930

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgetown University

Occupation

Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 21 / 2015

**Transaction ID : 38107530**

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**c. Dr. Joseph S. Kass**

Mailing Address 4903 Valerie

City

Bellaire

State

TX

Zip Code

77401-5707

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Baylor College of Medicine

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
04 / 24 / 2015

**Transaction ID : 38107677**

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1450.00